RECEIVED CENTRAL FAX CENTER

DEC 1 9 2005

0001/PTO U.S. Department of Commerce Rev. 10/95 Patent and Trademark Office			Application Number		N/A		
			Filing Date		N/A		
TRANSMITTAL FORM		First Named Inventor		N/A			
(to be used for all correspondence during pendency of filed application)		Examiner					
			Group Art Unit				
Total Number of Pages in This Submission 12			Attorney Docket Number		22271-01000		
	ENC	OSURES	10	heck all that appl	v)		
Che Return Receipt Response to Not Assignment & F Declaration Power of Attom Application Dat Information Disc Request for Coo Request for Coo Amendment/Re After Status Request	I Form (in duplicate) ck Enclosed Postcard police to File Missing Pa Recordation Cover She ey a Sheet closure Statement & Pe s of IDS Cited Referent rected Filing Receipt rection of Recorded A esponse: [] Page(s)	arts eet TO/SR/08A nces ssign/nent	, (c	Request to With Patent/Application 6,968,557 09/767,365 09/723,753 09/849,007 09/687,997 10/877,362 10/882,997 10/782,739 10/782,726	ndraw as Atto	529	
REMARKS:				<u> </u>			
A 1	SIGN	ATURE OF	AT	TORNEY OR AGE	IN I		
Signature:			"	n		19 000	
Attorney/Reg. No.:	Rimma Budnitskaya	a, Reg. No. 48	,237	, Da	ated:	December, 2005	
I hombu easile that this	CERTIFI	CATE OF F	AC	SIMILE TRANSMI	SSION	shown below via facsimile	
to: Commissioner for P	etents at the facsimile nur	nber indicated be	elow	Denig udits		shown below via facs/mile	
Signature:		/	h				
						December	
Facsimile Number: (571) 273-8300							

BEST AVAILABLE COPY

+14153950879 RECEIVED **CENTRAL FAX CENTER**

DEC 1 9 2005

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	09/767,365	
Filing Date	January 22, 2001	
First Named Inventor	Sheng Liang	
Group Art Unit	2176	
Examiner Name	Quoc A. Tran	
Attorney Docket Number	22271-05227	

To:	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.								
The rea	The reasons for this request are:							
The client knowingly and freely assents to termination of the employment.								
1.	1. ☐ The correspondence address is NO F affected by this withdrawal.							
2. 区 Change the correspondence address and direct all future correspondence to:								
Firm <i>or</i> Individu	ial Name	Choate, Hall & Stewart, LLP						
Address	s	Two International Place						
Address	S							
City		Boston	State	МА	Zip	02110		
Country	i	United States						
Telepho	onė	(617)-248-5000	Fax	(617)-248-4000				
 ☑ This request is made on behalf of myself and ☑ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number on whose behalf I have signed this request and on whose behalf I am authorized to sign. 								
Name		Rimma Budnitskaya Reg. No. 48237						
Signatu	re	Bu &						
Date	December 12, 2005							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

BEST AVAILABLE COPY